

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION**

MICHAEL AMOS, et al.

PLAINTIFFS

VS.

CIVIL ACTION NO. 4:20-CV-07-DMB-JMV

TOMMY TAYLOR, et al.

DEFENDANTS

DECLARATION OF JEWORSKI MALLET

Pursuant to 28 U.S.C. § 1746, I, Jeworski Mallett, declare under penalty of perjury that the following statements, based on my personal knowledge, are true:

1. I am an adult resident citizen of Ridgeland, Mississippi. I am competent to testify to the matters contained in this Declaration, and I give this Declaration voluntarily.

2. I am currently serving as the Acting Deputy Commissioner of Institutions for the Mississippi Department of Corrections (“MDOC”). I have been employed by MDOC since September 2001.

3. In my position as the Acting Deputy Commissioner of Institutions at MDOC, the responsibilities of my office include evaluating the effectiveness of security procedures, protocols, and support services in the correctional system, including at the Mississippi State Penitentiary at Parchman (“Parchman”).

4. As Acting Deputy Commissioner of Institutions, I have personal knowledge regarding measures undertaken by MDOC at Parchman to prevent the spread of COVID-19, to lessen the impact of COVID-19 on inmates and MDOC staff, to prepare for inmates or MDOC staff’s contracting COVID-19, and to respond with appropriate and adequate measures should MDOC staff or inmates contract COVID-19.

**EXHIBIT
A**

5. I have direct personal knowledge of the present conditions and operations of Parchman. I have personally observed the present conditions, and I am aware of the efforts undertaken by the MDOC at Parchman with respect to COVID-19.

6. I am aware of the current status of Parchman and other MDOC facilities as it relates to COVID-19. To my knowledge, there are currently no confirmed cases of COVID-19 at Parchman. This includes inmates and MDOC staff at Parchman.

7. I have reviewed Plaintiffs' Emergency Motion for Temporary Restraining Order and Mandatory Preliminary Injunction as to COVID-19 as well as Plaintiffs' exhibits and memorandum in support. I have personal knowledge that MDOC and Parchman are already performing many of the preventative and responsive measures sought by Plaintiffs' Motion.

8. I am personally aware of the following preventative and responsive measures being taken by MDOC at Parchman with regard to COVID-19:

- **Internal and External Consultation/Monitoring:** I am aware that MDOC officials, including myself, have been meeting internally and consulting externally with other officials and agencies to ensure appropriate preventative measures are being taken with respect to COVID-19. MDOC is consulting with top public health and other officials, including the Mississippi Department of Health and the U.S. Department of Homeland Security's Office for State and Local Law Enforcement, regarding prevention and treatment of COVID-19. I personally participated in a telephone conference organized by the Department of Homeland Security. On the telephone conference were officials responsible for overseeing state and federal correctional institutions across the nation. Attached to this Declaration as Exhibit 1 is a copy of the agenda of that telephone conference. On the conference, I became aware that MDOC's current measures are consistent with those employed by other correctional institutions across the nation.
- **Collaboration between MDOC and Centurion:** I am aware that MDOC is working closely with Centurion of Mississippi, LLC ("Centurion"), Parchman's third-party healthcare provider, to implement the provisions of Centurion's Pandemic Preparedness and Emergency Response Plan (the "Centurion Plan"), a copy of which is attached as Exhibit 2 to this Declaration. The Centurion Plan provides written protocols for the diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19. The Centurion Plan includes, but is not limited to, protocols for: prevention; surveillance; inmate education; treatment,

including medical insolation; follow-up treatment; reporting; monitoring current community and national trends; appropriate safeguards for inmates and staff; providing personal protective equipment (“PPE”); education and training regarding PPE; and post-exposure management. The Centurion Plan sets “preparedness” action items based on the severity of the virus outbreak, and MDOC is following those action items. MDOC is also implementing Centurion’s “Coronavirus Awareness” guide, a copy of which is attached as Exhibit 3 to this Declaration. The Coronavirus Awareness guide includes procedures for screening staff and other visitors and restrictions on staff from entering the facility with symptoms of the virus or if they have traveled to a high-risk area. I am aware MDOC is currently following the Centurion Plan and the Coronavirus Awareness guide.

- **Staff Screening:** I am aware that MDOC officers and staff are screened daily upon entering Parchman for symptoms and other indicators of exposure to COVID-19. Specifically, staff members are screened pursuant to a COVID-19 screening form provided by Centurion, a copy of which is attached as Exhibit 4 to this Declaration. MDOC staff are routed to an alternative screening area at the visitation center to facilitate safe screening. The screening process includes questions about each staff member’s symptoms, if any, including headaches, fevers, coughing, shortness of breath, and any trouble breathing. MDOC subjects staff members to daily temperature screenings before entering Parchman. Further, I am aware that food and other supplies are still being delivered to Parchman despite the outbreak of COVID-19. The persons delivering these provisions are subjected to screening at Parchman as well.
- **Inmate Monitoring/Testing:** I am aware Parchman is following the Centurion Plan. The Centurion Plan provides written protocols for diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19, including protocols for prevention, surveillance, and treatment, including medical insolation. I am aware that MDOC officers are currently actively monitoring inmates for symptoms of COVID-19, such as headaches, fevers, coughing, shortness of breath, and trouble breathing. I am aware that MDOC, through Centurion, is prepared to provide COVID-19 testing as deemed appropriate by Centurion.
- **Inmate Quarantine:** At this time, I am not aware of any confirmed cases of COVID-19 at Parchman. Should MDOC learn that an inmate or staff member has contracted COVID-19, MDOC will apply the Centurion Plan as well as its own policies developed to combat spread of COVID-19. Under these plans and policies, inmates who either test positive for COVID-19 or who have COVID-19 symptoms will be quarantined. In the unfortunate event there are insufficient numbers of negative-pressure rooms, MDOC will quarantine and isolate inmates from the remainder of the general population in alternative cells or housing areas.
- **Suspension/Restriction of Transfers:** I am aware that MDOC has suspended all transfers of inmates from county jails to MDOC facilities for the next 30 days. MDOC issued a press release on this point, a copy of which is attached as Exhibit 5 to this Declaration. MDOC is monitoring conditions and developments and will extend the restriction as necessary to protect inmates and staff. MDOC has also substantially

restricted all transfers of inmates between MDOC facilities for the next 30 days. Transfers between facilities will be limited to those absolutely necessary. For those transfers that have been necessary, MDOC has screened inmates for COVID-19 symptoms upon arrival. Even if transferred inmates do not currently have symptoms, MDOC isolates those inmates so as to reduce risk to the general population. MDOC is monitoring conditions and developments and will extend the restriction as necessary to protect inmates and staff.

- **Suspension of In-Person Visitation / Increased Sanitation for Essential Visitations:** MDOC has temporarily suspended visitation at all MDOC facilities in order to establish sanitation and prevention protocols to prevent the spread of COVID-19. MDOC issued a press release on this point, a copy of which is attached as Exhibit 6 to this Declaration. MDOC is currently permitting visitation by attorneys who satisfy MDOC screening requirements. MDOC has established protocols requiring all visitation areas to be sanitized at the completion of each attorney visit.
- **Non-Contact Visitation:** MDOC has undertaken measures to ameliorate the effects of the denial of in-person visitation. For instance, MDOC has implemented a policy permitting inmates to make two free phone calls per week. MDOC issued a press release to this point, a copy of which is attached as Exhibit 7 to this Declaration. According to Interim Commissioner Tommy Taylor, “[t]his is another way to help inmates stay connected with their loved ones and to be reassured of their welfare during this trying time.” *Id.*
- **Common Health Practices:** MDOC is recommending and reinforcing common health practices and other guidelines provided by the Mississippi Department of Health and the Centers for Disease Control, including:
 - Coughing or sneezing into the bend of the arm, not the hand;
 - Frequent hand washing for at least 20 seconds or use of hand sanitizer;
 - Avoiding touching of eyes, nose, or mouth with unwashed hands;
 - Avoiding social contact such as shaking hands, hugging, or sharing personal items; and
 - Use of disinfectants to sanitize high-touch surfaces, such as workstation surfaces, computer keyboards, countertops, doorknobs, light switches, handrails, control panels, buttons, and tabletops.
- **Education of Staff and Inmates:** I am aware that MDOC is educating staff and inmates regarding the above-referenced common health practices. MDOC has distributed materials outlining the above common health practices to the inmates. These materials are posted in all inmate housing units as well as on bulletin boards in hallways and other common areas. Further, I am aware that wardens, deputy wardens, and other MDOC officers have visited each housing unit to verbally inform inmates of the above-referenced common health practices.
- **Institutional Hygiene:** MDOC is ensuring that additional chemicals and other cleaners are made available at Parchman for the purpose of providing additional

sanitation. MDOC has thoroughly cleaned and sanitized all areas at Parchman and will continue to do so to ensure proper sanitation is achieved.

- **Personal Hygiene:** MDOC has installed additional hand-sanitizer stations in staff work stations and other staff areas. MDOC has provided extra supplies of liquid and solid soap to inmates to ensure that each inmate's soap supply is sufficient to follow the recommended universal common health practices outlined above.

9. With regard to the additional measures Plaintiffs request in their Motion that MDOC is not currently undertaking, I have observed the following from my personal knowledge:

- **Immediate Testing:** As stated, MDOC officers are affirmatively monitoring the inmate population for symptoms of COVID-19. MDOC's third-party medical provider Centurion is responsible for inmate testing for COVID-19. There are approximately 2,700 inmates and MDOC staff at Parchman. My understanding from Centurion is that testing is to be done per local protocols and availability, and that it is currently not feasible or recommended to test individuals unless they have traveled to any area with an outbreak of COVID-19 or with sustained (ongoing) transmission; have a fever or cough; are short of breath; have been in close contact (less than six feet) with someone exhibiting COVID-19 symptoms or a confirmed case of COVID-19; or have a temperature of greater than 100.4 F.
- **Immediate Screening:** I am aware that MDOC is currently conducting the screening requested by Plaintiffs. These screening procedures are described above.
- **Current Inmate Quarantine:** As discussed above, I am aware MDOC is currently operating under the Centurion Plan for quarantine, which provides written protocols for diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19, including protocols for, among other things: surveillance, treatment, medical isolation, follow-up treatment, safeguards for inmates and staff, providing PPE, education and training regarding PPEs, and post-exposure management. MDOC, in conjunction with Centurion, have developed appropriate protocols for quarantining any inmates that contract the virus, as described above. Additionally, all scheduled releases from Parchman will occur as planned, with necessary precautions taken.
- **New Inmate Quarantine:** I am aware that MDOC has suspended all transfers of inmates from county jails to MDOC facilities for the next 30 days and will extend the restriction as necessary to protect inmates and staff. MDOC has also substantially restricted all transfers of inmates between MDOC facilities for the next 30 days and will extend that restriction as necessary to protect inmates and staff. Transfers between MDOC facilities have been limited to those absolutely necessary. In the event such a transfer is necessary, MDOC has and will screen arriving inmates for COVID-19 symptoms and isolate those inmates even if they do not have symptoms.

- **Institutional Hygiene**: I am aware that MDOC is providing additional chemicals and other cleaners necessary to sanitize housing units at Parchman. I am not aware of any inmates being deprived of necessary cleaning supplies. MDOC has thoroughly cleaned and sanitized all areas at Parchman, and we will continue to do so to ensure proper sanitation is achieved.
- **Personal Hygiene**: MDOC has distributed additional solid and liquid soap to the inmate population in sufficient quantities to ensure all are able to adhere to the common health practices outlined by the CDC and others. In my opinion, MDOC has not and cannot safely de-classify as contraband hand sanitizer with 60% or more alcohol to be provided directly to inmates. Inmates are provided clean water and additional solid and liquid soap with which to wash their person, and these measures are sufficient to allow inmates to follow common health practices. In my opinion, the security risk of permitting the use of such individual hand sanitizer outweighs the alleged health concern in not providing individual bottles to inmates. Based on my conversations with other corrections officials, MDOC's policy in this regard is consistent with other institutions across the nation.
- **Limit Contact Visitation**: I am aware MDOC has suspended in-person visitation to prevent spread of COVID-19. To ameliorate this measure, MDOC is allowing inmates to make two free phone calls per week. MDOC does not currently have the ability to facilitate video visitation, although I am aware this has been considered by MDOC officials since the outbreak.
- **Waive Copays**: I am not personally aware of any indigent inmate at Parchman being deprived of medical care on the basis that he lacks the ability to pay. I understand that Centurion has already, or is considering, waiving copays related to COVID-19.
- **Supply Chain**: I am aware that MDOC has taken a current inventory of supplies in response to the COVID-19 outbreak. MDOC's current stockpiles are sufficient. MDOC has also developed plans to supply Parchman additional supplies should delivery of supplies become an issue. In regard to food and supply delivery, I am also aware that delivery drivers are being screened for COVID-19.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Respectfully submitted,



Jeworski Mallett

U.S. Department of Homeland Security

Office for State and Local Law Enforcement Novel Coronavirus (COVID-19) Call

WHEN: Monday, March 16, 2020
11:00 a.m. – 12:00 p.m. Eastern

LOCATION: Dial-In: 1-800-699-1085

PURPOSE: To provide an update regarding current activities related to Novel Coronavirus (COVID-19). On this short-notice call, we plan to provide an update on the current situation; and discuss your current concerns, priorities, and where you may need additional assistance within the law enforcement jail population community.

AUDIENCE Sheriffs with Jail Populations and Jail Administrators

AGENDA:

- I. Welcome and Introduction**
 - i. Brian Dorow, Deputy Assistant Secretary, Office for State and Local Law Enforcement, DHS*
- II. COVID-19 Response for Law Enforcement/Custodial Settings**
 - i. Alexander L. Eastman, MD, MPH, FACS, FAEMS, Senior Medical Officer, Office of the Chief Medical Officer, DHS*
- III. Available DHS Grant Resources**
 - i. Kerry L. Thomas, Director, Preparedness Grants Division, FEMA*
- IV. Accessing Protective Equipment (Mask, Gloves, PPE Kits)**
 - i. Steven A. Adams, MPH, Director (A), Strategic National Stockpile, Office of the Assistant Secretary for Preparedness and Response, HHS*
- V. Bureau of Prisons, Department of Justice (TBD)**
- VI. Q&A**
- VII. Closing Remarks**

*This is a fluid agenda, as information becomes available there may be adjustments made.

EXHIBIT
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Centurion Pandemic Preparedness and Emergency Response Plan

Purpose

Centurion will work with the Department of Corrections to provide an infectious communicable disease pandemic preparedness and response plan.

With emerging and reemerging infectious diseases, it is important to be prepared to respond to outbreaks, epidemics and pandemic. Pandemics are unpredictable. While history offers useful benchmarks, there is no way to know the characteristics of a pandemic before it emerges. Nevertheless, we must make assumptions to facilitate planning efforts. The event can be caused from different types of infections and can spread rapidly as the world has experienced in the past. This policy outlines the steps in preparing for a communicable disease or infection pandemic, and an emergency response to a pandemic event. This is a model outlining the steps and will be part of the overall facility procedure for a pandemic event. The plan incorporates current disaster preparedness plans already in place by the facility and agencies, and provides additional measures needed for a pandemic response. Centurion will collaborate and cooperate with the facility, agency, state, local and federal entities that may include local community / sheriff's offices, Department of Corrections, Department of Health, Office of Homeland Security, CDC in providing a response for safe response to staff and community members if a pandemic is declared.

Definitions

1. **Pandemic:** A global outbreak. A pandemic occurs when a communicable disease emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily from person to person
2. **Viral Infections:** A disease/condition characterized by fever, headache, myalgia (muscle pain), prostration (exhaustion), coryza (symptoms of a head cold), sore throat and cough.
3. **Bacterial Infections:** A disease/condition characterized by fever, headache, myalgia (muscle pain), prostration (exhaustion), coryza (symptoms of a head cold), sore throat and cough.
4. **Bioterrorism agent:** An intentional release of a virus or bacteria with intent of harm or death to unsuspecting persons for purpose of biological attack that can be transmitted to multiple persons.
5. **Initial Commander:** The Shift Commander will assume this role. This person is responsible for the entire facility and the emergency until relieved by Interim Commander or Ultimate Commander.
6. **Interim Commander:** The Interim Commander is the next person in the chain of command set by the facility or Facility / DOC Policy and Procedure. This person will assume the Commander's position in the event the Ultimate Commander is more than one (1) hour away from the facility.
7. **Isolation:** Separation and restriction of movement or activities of persons who are too ill but who have a contagious disease, for the purpose of preventing transmission to others.
8. **Morbidity:** A state of being diseased; or the relative incidence of disease.

9. Mortality: The state of being diseased: or the relative incidence of death.
10. Personal Protective Equipment (PPE): Equipment used by any person to prevent the acquisition or transmission of disease between persons. Examples of personal protective items include, but are not limited to gloves, masks, gowns, and etc.
11. Quarantine: The separation and restriction of movement or activities of ill infected persons who are believed to have been exposed to infection, for the purpose of preventing the transmission of disease. Individuals may be quarantined at home or in designated facilities, healthcare providers and other workers may be subject to quarantine when they are off duty.
12. Segregation/Social distancing: Housing exposed or infected persons away from other population at a distance to decrease or prevent the transmission of disease.
13. Infodemic: The distribution of accurate, inaccurate, and rumored information. The purpose for the recognition of this is to provide accurate, timely information from reliable sources to make appropriate decisions related to any outbreak
14. Ultimate Commander: This role will be assumed by the Warden/designee to have full authority during an emergency.

Procedures

1. The infection prevention and control program, policies and procedures, and clinical guidelines provide written protocols give disease/condition specific guidelines of the diagnosis, treatment, and management of conditions recognized as prevalent in the state or local area.
2. These include procedures for infection prevention, education, identification, surveillance, immunization (as applicable), treatment, follow-up, isolation (as indicated), and reporting requirements to applicable local, state, and federal agencies. A multidisciplinary team that includes clinical, security, environmental, maintenance, and administrative representative meets at least yearly to review and discuss communicable diseases and infection control activities.
 - a. At minimum disease specific protocols will include:
 - i. Prevention to include immunizations, when applicable
 - ii. Surveillance (identification and monitoring)
 - iii. Offenders education and staffing
 - iv. Treatment to include medical isolation, when indicated,
 - v. Follow-up care
 - vi. Reporting requirements to applicable, local, state, and federal agencies
 - vii. Confidentiality/protected health information
 - viii. Monitoring current community/state/national trends
 - ix. Appropriate safeguards for inmates and all staff
 - x. Education and training on PPE
 - xi. Maintain par levels of PPE
 - xii. Post-exposure management protocols particularly for HIV and viral hepatitis

3. Review of all Emergency plans is an essential element of personnel training and retraining programs. All employees are to be familiar with all emergency plans prior to their permanent work assignments.

Preparedness

1. Cases (large outbreak outside United States)
 - a. Monitor reliable information on outbreak and transmission
 - b. Type of infection/disease
 - c. Evaluate outbreak plan, and emergency preparedness and response plan
 - d. Specific screening tool available (risk factors & symptoms)
2. Case diagnosed in United States (not in your state)
 - a. Monitor and provide reliable medical information on current situation
 - b. Update Clinical guidance as recommended by Department of Health and CDC
 - c. Disseminate information to healthcare providers
 - d. Evaluate current par levels of PPE
 - e. Routine communication with public health
3. Single Case diagnosed in your state
 - a. Evaluate current local situation
 - b. Reinforce Infection control measures
 - c. Update information for healthcare providers
 - d. Focus on disease surveillance
 - e. Increase public health communication
4. Cluster linked to cases in your state
 - a. Continue monitor of local situation
 - b. Implement screening tool as indicated
 - c. Continue public health communication
 - d. Update information for healthcare providers
5. Multiple unlinked cases in your state
 - a. Increase surveillance
 - b. Implement screening tool
 - c. Continue public health communication (emergency operation indicated)
 - d. Update information for healthcare providers
 - e. Strict infection control prevention
 - f. Monitor PPE supplies
6. Multiple linked cases in your state
 - a. Increase surveillance
 - b. Implement screening tool
 - c. Continue public health communication (emergency operation indicated)
 - d. Update information for healthcare providers
 - e. Strict infection control prevention
 - f. Monitor PPE supplies
 - g. Follow quarantine recommendations
 - h. Limit access to facility

Security

1. The facility will maintain health and safety standards at the highest level possible during a pandemic communicable emergency. Once a pandemic outbreak is confirmed, the community immediately surrounding the institution is also affected. As a result, available resources and external assistance may become limited. This guide should be used in coordination and conjunction with Facility / DOC Policy and Procedure.

Locate and Verify

1. The County Public Health Office and/or the State Health Department will verify a pandemic outbreak within the community or at the facility and notify the FHA/designee.
2. This notification will then be passed to the Regional Office.

Isolate and Contain

1. Upon notification, isolation of confirmed cases is required. The Commander will initiate the Disease Specific Checklist. The Commander may initiate an emergency lockdown in accordance with the Facility / DOC Operational Procedures
2. On duty staff will be expected to remain on site until relieved. Exceptions will be determined by facility authorities on a case by case basis.
3. Inmates affected with the illness will be quarantined in the infirmary and/or detention cells. In the event of a mass epidemic, housing units will be evacuated and utilized to quarantine infected inmates based on the number of infected inmates, and suspected exposures and the custody levels of all involved inmates.
4. The Facility Health Administrator (FHA) will coordinate with the Warden/designee to ensure that standard PPE is available to all staff regardless of assignment.

Notifications

1. The following listing is supplement to the established facility disaster and emergency preparedness procedure, and is intended to include ancillary staff that is essential to the implementation and success of the pandemic plan.
 - a. Warden/Deputy Warden
 - b. Facility Duty Officer
 - c. Food Service Manager and staff
 - d. Facility Health Administrator
 - e. Maintenance staff
 - f. Facility TSU Team Leaders
 - g. Facility Captain
 - h. Off duty staff
 - i. County Coroner
 - j. Local Area Hospitals and EMS providers
 - k. Local law enforcement agencies (PD and SO)
 - l. Inmate population

Command Post

1. Activation of the facility Critical Incident Command Posts will occur in accordance with established procedure. The Commander shall ensure that staff is assigned to all essential Posts. Staff assignments will consist of both on duty staff and off duty staff called into the institution. In the event of staff shortages, likely resulting from staff becoming infected and the inability of off duty staff to return to the institution, assistance from other FACILITY / DOC sites may be requested. Essential Posts shall include:
 - a. Security Posts necessary to maintain order and provide for controlled treatment of inmates from housing areas to necessary locations.
 - b. Food Service Staffing. Staff shortages or the threat of the spread of disease may necessitate feeding inmates in cells or housing units. The Commander may initiate an Emergency Food Service Plan at this time. Food service staff will provide contingency meal planning and services for effected and non-effected areas including meals and services for staff.
 - c. Food service will maintain a food and water supply of a minimum of three (3) days, on site.
 - d. Medical Staffing.
 - e. Centurion staff will:
 - i. Initiate their disease specific protocol and will provide services contained in the contract, including diagnosis and treatment for affected staff and inmates inside the facility.
 - ii. Contact local area hospitals giving a briefing on the facility communicable diseases status and request that they accept any critically ill inmate patients if deemed necessary.
 - iii. Shall continue to monitor and treat confirmed or suspected cases. All new cases shall be reported to the Command Post as well as the department of health as required.
 - f. Maintenance Staff. Maintenance supervisors will ensure that sanitation is maintained and that all contaminated waste is disposed of properly. They will also validate operation functions and temperatures of laundry equipment to ensure laundry is properly sanitized.
 - g. Support staff needed to maintain and update inmate records, to provide Chaplain Services, and to complete any other necessary tasks. Any service or programs not deemed necessary to the operation of the institution shall be suspended during the duration of the pandemic status.

Deaths

1. Any deaths will be reported in accordance with facility /FACILITY / DOC Policy and Procedure.
2. Inmate deaths will only be released to the public in accordance with FACILITY / DOC Policy and Procedure.
3. Employee death will only be released to the public in accordance with FACILITY / DOC Policy and Procedures.

Portable Sanitation

1. Portable sanitation facilities such as portable toilets may be needed and should be considered where plumbing and availability of water may become an issue.
2. Classification and Housing Assignments: Classification and housing assignments may be impacted in the event of a pandemic, and consideration may be given to housing various custody levels together should isolation of ill inmates and/or quarantine of those not affected be deemed necessary.

On-Site Bivouac

3. Should it be necessary for staff to remain on site to ensure shift coverage or to control spread of disease, Centurion and the Facility / DOC will utilize a designated large area within the complex.

Facility Medical Response

1. The FHA shall be responsible for:
 - a. Provision of updates on the number of infected individuals and their state;
 - b. Any deaths believed to be related to the pandemic;
 - c. Any other information requested by the Facility / DOC related to the event
 - d. Required reporting to the Department of Health, or other agency, numbers of cases either suspected or confirmed.
 - e. Necessary staff and resources to provide medical evaluation and treatment of routine health issues as well as pandemic related health care in all areas of the facility, including those designated as quarantined and non-quarantined. Examples of such services include, but are not limited to:
 - i. Sick call
 - ii. Medication management and delivery
 - iii. Nursing services
 - iv. Health assessments
 - v. Mental health services
 - vi. Pharmacy services
2. The Centurion staff shall be prepared to distribute PPE to all staff and inmates in the institution during a pandemic outbreak.
3. In the event that a pandemic is declared, inmates placed in medical quarantine or suspected of being infected shall utilize PPE to prevent spread of the disease.
4. In addition, all staff working in and around isolation areas, medical clinics and conducting inmate patient care without exception shall use PPE in accordance with recommendations set forth by the Center for Disease Control (CDC), US Department of Health and Human Services (HHS) and the State Department of Health.

Pharmaceuticals

1. Vaccines (if available), and/or antiviral/antibacterial drugs will be made available to all institutional staff first. Vaccines (If available) and or antiviral drugs will be made available to inmates based on availability and in accordance with CDC and HHS

recommended priority populations. Although information may change based on the particular strain and virulence of the causative pandemic, the following represents the current information and priority for inmate populations:

- a. Inmates over 65 with 1 or more high risk condition
- b. Inmates under 65 with 2 or more high risk conditions
- c. Inmates with history of hospitalization for pneumonia, flu, or symptoms of disease
- d. Dormitory contacts of immune-compromised inmates who would not be vaccinated due to likely poor response to vaccine (transplant recipients, AIDS, cancer)
- e. Healthy inmates 65 and older
- f. Inmates under 65 with 1 high risk condition
- g. Healthy inmates

2. Centurion will provide the available vaccine for inmates and staff.

In general, Centurion will establish a plan in conjunction with the v Facility / DOC for pandemic outbreaks and emergencies to include surveillance, quarantine and treatment, and resolution.

1. Each Centurion site will have specific areas and staff assignments based on facility location and any Facility / DOC emergency response plans.
2. Below are general statements that apply to medical services in general and apply to all sites. Centurion disease specific plans will be on file with the Warden at the respective facility.

Authority

The FHA (Facility Health Administrator (FHA) at the facility, at the direction of the Warden or their designee will be in charge of initiating and coordinating the medical portion of the response. In the absence of the FHA, the senior nurse on duty will be in charge of coordinating the medical services.

Implementation of the Procedure

Notification of pandemic status will be provided by the Facility Health Administrator who will have received it from the State Department of Health. Centurion staff will be notified by the FHA or designee.

Isolate and Contain

The first priority upon receiving notification of a pandemic will be to isolate anyone who has been exposed to the disease and contain the spread of the illness. If deemed necessary and appropriate, the medical staff will screen all staff reporting for duty for signs and symptoms of the disease. Entry can be denied based on display symptoms until such time as the staff member has been cleared by a physician to return to work. Inmate housing assignments may be temporarily altered to accommodate situations as they arise. This will be done in collaboration with the Warden/designee. Medical staff will work with the Facility / DOC to plan methods to clean and disinfect the treatment areas and rooms.

Staffing

The FHA will develop a staffing plan that takes into consideration staffing where possible with separate staff, those areas known to house inmates infected with the virus and those not affected to reduce the possible spread of the disease with the Warden should it become necessary to isolate and/or quarantine in place.

Resource Storage and Supplies

1. An assessment of necessary resources, including volume, storage requirements, availability, and utilization procedures will include the following, and be coordinated with Warden/designee:
 - a. Medical Supplies;
 - b. Disease specific medications (enough to cover all staff and inmates);
 - c. PPE (masks, gloves, gowns, goggles, sanitizers, paper products);
 - d. Medications and medical supplies (i.e., insulin, cardiac, respiratory, anti-viral medications, vaccines (pneumococcal, influenza, and new vaccines developed during pandemic), analgesic and antipyretic meds, LV. solutions and LV. supplies, blood collection tubes, vacutainers, specimen cups);
 - e. Other supplies and equipment necessary to maintain medical operations for a period of forty-five (45) days. (Chemical disinfectants, syringes, needles, alcohol wipes);
 - f. Disposable equipment (urinals, bedpans, wash basins, emesis basins, disposable instruments, biohazard waste bags [large and small]).
 - g. Paper products (plates, silverware, toilet paper, paper towels, etc.)
 - h. Centurion will maintain sufficient PPE supplies to include the Facility / DOC staff;
 - i. Soaps, rinse free hand sanitizers, rinse free soaps;
 - j. Items will be stored in the facility warehouse and medical unit.

Coordination with Community Resources

Centurion shall maintain contact with local health authorities and service providers to coordinate any assistance should outside services be necessary. This will include off site local pharmacies in order to obtain medications should routine delivery methods be disrupted (i.e., UPS, FedEx etc.), use of local emergency rooms, off-site private provider clinics, and ancillary services such as radiology. All off-site provider agreements will be updated to include mention of possible assistance during a pandemic situation. Centurion maintain a relationship with local public health nursing offices to further coordination efforts in the event of a pandemic outbreak in the community where the facility is located.

Facility/Site Specific Plans

FHA at each the Facility / DOC will provide the Warden a copy of any site specific alterations to this pandemic plan. Adherence to this plan will vary based on type of service provided, availability to bivouac medical staff on site, use of water and consumables, and inmate population. These addendums will become attachments to this policy and procedure.

Updates and Revisions

As additional information becomes available through the CDC or other recognized health authority, the plans will be updated and/or modified to reflect the most current data and processes.

Education

Centurion will work with facility staff to prepare and provide appropriate education for both staff and inmates on proper identification and control of infectious diseases, to include benefits of appropriate vaccines, hand washing techniques, universal precautions, and wellness in general.

Reporting and Testing

Centurion will complete any reports and testing as required by the Department of Health, the CDC, HHS, or other health authority, as well as specific forms required by the facility or the Facility / DOC (yet to be determined) related to a pandemic.

Mortuary Services

1. Mortuary services in the event of a pandemic resulting in deaths that exceed community resources may require the institution to provide a temporary morgue.
2. In the event that outside temperatures are below zero (0), the industry bays will be utilized as a temporary morgue.
3. If outside temperatures do not support the use of the delivery corridor, then a maintenance bay shall be utilized with air conditioning and ice.
4. In the event that morgue services are needed for an extended period of time and appropriate refrigeration is unavailable, the practice of a mass burial will be implemented. Equipment will be utilized to dig a deep opening in the ground in the designated facility parking lots. The deceased will be tagged and placed in body bags taken to the burial site and covered with ice to maintain the integrity of the bodies. This process will operate in coordination with Centurion staff. Both medical aspects associated with storing a body, as well as the psychological impact on staff and inmates have been considered. The Coroner shall be notified immediately once a death occurs. The morgue shall remain in operation until attendant legal obligations are satisfied and the bodies may be removed.

Provided at time of Pandemic:

1. Condition Specific Screening Tool
2. Condition Specific Self-Triaging Algorithm
3. Actions Checklist-Yellow/Orange Alert Level
4. Actions Checklist-Red Alert

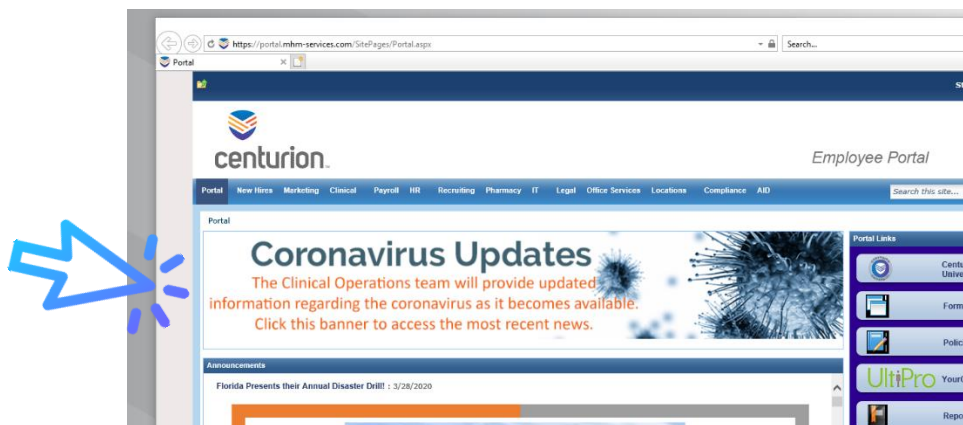


Coronavirus Awareness

Medical Precautions

Reminder:

- There is a designated place for updates and announcements on Centurion's Portal located at portal.mhm-services.com. Click on the banner titled "Coronavirus Updates." This is where our employees can access the most recent news, formal announcements and resources pertaining to COVID-19.



- Centurion has provided, and will continue to make available, webinars, conference calls and materials including links and references. Staff have access to these resources on the Portal.
- A facility specific screening tool has been developed for jail and prison admissions, transfers, and other trips in/out of facilities. Please check with your supervisors before implementing this guidance as your facility may use other screening tools.
- Do not enter a facility if you:
 - Are experiencing symptoms (fever, cough, and/or difficulty breathing)
 - Had recent travel to a high risk area within the past 14 days
 - Have been advised that you have been exposed to a confirmed case
- Centurion has developed and distributed an outline of a pandemic clinical guideline which can be found on the Portal banner link;
- Teleconferencing and telemedicine capacity has been expanded. Whenever possible, if delivery of care can be done via telehealth technology for primary care, specialty care, nursing care, and mental health, please utilize these resources. Your supervisor will provide guidance as to the availability of these alternatives at your specific facility.

Recommendations:

Below we provide a listing of program-level and site-level recommendations by corporate senior medical leadership. If necessary, a point person is listed for applicable instructions.

- Identify contacts at your nearest local health department for reporting of suspect cases and request testing kits. (*Facility infection control nurse; alternate: DON and HSA/FHA*)
- Identify areas for single cell isolation for symptomatic patients. (*HSA/FHA, DON, site medical director*)
- Identify air circulation patterns in dormitories in case they are to be used for quarantine. (*HSA, DON, site medical director*)
- Cancel visitations or limit external vendors and personnel. Instead use videoconferencing and telephonic communications.
- Be sure to use appropriate personal protective equipment (N95 mask, eye/face shield, gown, gloves) for Movement and Transport Officers. We recommend tracking appropriate levels of PPE, medications, equipment, and supplies as there is potential for supply chain disruption. (*Program Manager/Vice President of Operations or HSA*)
- Review inventory of supplies and medications which might be in short supply. (*DON or charge nurse*)
- Provide a symptom screening for all persons being transferred or released using the Centurion screening tools or other screening tools that are consistent with CDC recommendations for all intakes, transfers in/out, and returns from outside trips such as court, offsite medical trips, and work details. If the screening is positive, there needs to be a determination whether or not it is appropriate to proceed with the planned movement.
- Encourage patients who have not taken the influenza vaccination to reconsider.
- If allowed by Clients, Centurion is drafting an informational FAQ sheet to healthcare and correctional staff and our patients.
- We recommend mock drills for a possible outbreak scenario that incorporates cooperation between custody, health services, and other ancillary staff to become familiar with protocols and have lessons learned to improve the response if such an incident does arise.
- We recommend that Centurion regional/site clinical leadership is involved in any task force or committee meetings/discussions relating to COVID-19.
- We recommend making available sufficient handwashing with soap access. (*HSA*)
- We recommend programs create educational videos for any in-facility video programming. Keeping not just staff but patients informed is critical to preventing riots and other safety concerns.
- We recommend custody staff have ample hospital-grade disinfectants and routinely clean areas. If inmates are to be utilized for cleaning duties, be sure that they have proper training and are handling of materials with appropriate safety equipment.
- We recommend that our Clients not to limit soap, tissues, toilet paper, and other hygiene products during this time period.
- We encourage our Clients to consider meals/dining be done in the units to limit mass movement and gatherings.
- Centurion program leadership should draft and implement a plan for emergency staffing in the event that employees are absent either due to infection or self-quarantine. The plan must ensure adequately licensed and trained staff perform the essential tasks and services under our contract. Further, the plan should address what to do if custody becomes short staffed, such as, by way of example, cell-side encounters and alternative medication administration.
- Consider recommending medical release of incarcerated persons who are aged or medically compromised and increase monitoring of those at highest risk.

COVID-19 (coronavirus) Screening**English**

Date:	Time:			
State:	Facility:			
Symptoms (check all that apply)	Yes	No	Start date	
Fever/chills (if on medications that lower temp, may not have fever)				
Cough				
Describe				
Shortness of breath or trouble breathing				
Describe				
Other:				
Vital Signs				
B/P	P	R	pSO2	Temp*
* Patients with immune compromised conditions or taking fever reducing medications may not have a fever				
In the past 14 days	Yes	No	Note	
1 Have you traveled to or been in any outbreak areas in United States, or traveled internationally*? Many countries have out breaks, and large outbreaks in <i>China, Italy, Iran, South Korea</i> .				
If yes: Where When				
2 Have you or any family or friends with whom you live been in such areas?				
If yes: Where: When				
3 Have you had close contact with anyone who has tested positive to COVID-19 or experiencing fever or cough?				
If yes: When				
If yes to any symptoms and yes to any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider				
Or if a person has a fever($\geq 100.4^\circ$), cough, shortness of breath, and lower respiratory infection, with unknown source of infection contact practitioner				
Practitioner Notified(date/time) Practitioner Name:				
Department of Health Notified (Name):				
Comments				
Nurse Signature:				
<input type="checkbox"/> Patient accepted <input type="checkbox"/> Patient Quarantined <input type="checkbox"/> Patient Isolated <input type="checkbox"/> Patient Referred to Hospital				
<input type="checkbox"/> Patient Tested for COVID-19 Date: Results:				
Patient Name		DOB		ID #

*Risk Area=Outbreak areas include United States , major airports, globally.

COVID-19 (coronavirus) Screening**Spanish**

Date:	Time:			
State:	Facility:			
Síntomas (marque todos los que correspondan)	Yes	No	Start date	
Fiebre / escalofríos				
Tos				
Describir				
Falta de aliento/ Dificultad para respirar				
Describir				
Other:				
Vital Signs				
B/P	P	R	pSO2	Temp*
<i>* Patients with immune compromised conditions or taking fever reducing medications may not have a fever</i>				
	En los últimos 14 días	Yes	No	Note
1	¿Ha viajado o ha estado en áreas de brotes en los Estados Unidos, o ha viajado internacionalmente *? Muchos países tienen brotes y grandes brotes en China, Italia, Irán, Corea del Sur.			
2	¿Usted o alguna familia o amigo con quien vive ha estado en esas áreas?			
3	¿Has tenido contacto cercano con alguien que haya dado positivo a COVID-19 o que tenga fiebre o tos?			
	Si sí, cuándo			
If yes to any symptoms and yes to any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider				
Or if a person has a fever(>100.4°), cough, shortness of breath, and lower respiratory infection, with unknown source of infection consult provider				
Provider Notified(date/time) Provider Name:				
Department of Health Notified (Name)				
Comments:				
Nurse Signature:				
<input type="checkbox"/> Patient accepted <input type="checkbox"/> Patient Quarantined <input type="checkbox"/> Patient Isolated <input type="checkbox"/> Patient Referred to Hospital				
<input type="checkbox"/> Patient Tested for COVID-19 Date: Results:				
Patient Name		DOB		ID #

***Risk Area=Outbreak areas include United States , major airports, globally.**

FOR IMMEDIATE RELEASE

Date: March 12, 2020
Contact: Office of Communications
Phone: (601) 359-5289, 359-5608, 359-5689
E-mail: MDOCOfficeofCommunications@mdoc.state.ms.us

MDOC Suspends Inmate Transfers as Part of Response to Coronavirus

JACKSON, MISS. – Effective immediately, the Mississippi Department of Corrections is suspending the transfers of inmates from all county jails to MDOC custody until further notice.

The action is in addition to the temporary suspension of visitation at all facilities with MDOC inmates as the MDOC establishes sanitation and prevention protocols to prevent the spread of COVID-19.

There will be limited transfer of inmates between MDOC facilities unless absolutely necessary.

“We are monitoring new developments and plans will be updated accordingly,” said Deputy Commissioner Jeworski Mallet. “Steps are being taken to protect staff, inmates, and the public from potential exposure to the coronavirus.”

Additionally, the Corrections Department is reinforcing common health practices based on preventive measures recommended by the Mississippi Department of Health in accordance with the Centers for Disease Control and Prevention.

There are currently no confirmed cases of COVID-19 within the MDOC prison system.

EXHIBIT
5

FOR IMMEDIATE RELEASE

Date: March 12, 2020
Contact: Office of Communications
Phone: (601) 359-5289, 359-5608, 359-5689
E-mail: MDOCOfficeofCommunications@mdoc.state.ms.us

MDOC Takes Steps to Protect Staff, Inmates, Public against Coronavirus Exposure

JACKSON, MISS. – Effective immediately, visitation at all facilities where Mississippi Department of Corrections inmates are housed is temporarily suspended until further notice in order to establish sanitation and prevention protocols to prevent the spread of COVID-19. This is a precautionary measure to protect staff, inmates, volunteers, and visitors from potential exposure to the coronavirus.

Attorneys and essential visitors will be allowed, and the area of visits will be sanitized upon completion of each visit. Additional parameters will be determined as protocols are established.

“We acknowledge any inconveniences that inmate family members and others may experience from the temporary suspension of visitation,” said Deputy Commissioner Jeworski Mallett, who manages state, private, and regional prisons in the state. “However, these actions are necessary for public safety and protecting our inmates, their loved ones, and our staff.”

Also, the Corrections Department is reinforcing common health practices based on preventive measures recommended by the Mississippi Department of Health in accordance with the Centers for Disease Control and Prevention.

There are currently no confirmed cases of COVID-19 within the MDOC prison system.

EXHIBIT 6

FOR IMMEDIATE RELEASE

Date: March 16, 2020
Contact: Office of Communications
Phone: (601) 359-5289, 359-5608, 359-5689
E-mail: MDOCOfficeofCommunications@mdoc.state.ms.us

Free Inmate Phone Calls Offered by State Phone Provider

JACKSON, MISS. – Starting Tuesday, March 17, incarcerated persons using the GTL phone service will be able to make two free phone calls of up to five minutes each per week.

GTL, the state's phone service provider, is providing the two free calls through April 13. No credit will be given if the free calls are not used.

GTL notified the Mississippi Department of Corrections on Monday that it would be providing the free calls to help people contact their loved ones during this time as the company closely monitors the coronavirus situation.

“We appreciate GTL’s contribution to make the two free phone calls available,” Interim Commissioner Tommy Taylor said. “This is another way to help inmates stay connected with their loved ones and to be reassured of their welfare during this trying time.”

Deputy Commissioner Jeworski Mallett said, “It is important to remind individuals that they are more than inmates. Family ties can help prevent family breakdown and relieve tension in facilities.”

The free calls are only available for service provided by GTL within the prison system.

A message will let the called party know that the call is being provided at no charge.

EXHIBIT

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